WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

21034

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 5536

City St. Louis (No. Barnard Skin & Cancer St. ..... Ward)

2. FULL NAME John J. Smith

(a) Residence, No. ..... St., 21 Ward. Edwardsville Ill
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary Roberts

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 11/5/72

7. AGE: YEARS 59 MONTHS 7 DAYS 4 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Common Lab.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 237
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo. 1

FATHER
13. NAME: James K Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

MOTHER
15. MAIDEN NAME: Melvina Roberts
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

17. INFORMANT (ADDRESS): Mr. H. Marks, Edwardsville Ill

18. BURIAL, CREMATION, OR REMOVAL
PLACE Edwardsville Ill DATE 6 - 13 1932

19. UNDERTAKER (ADDRESS): Marks & Weber, Edwardsville Ill

20. FILED JUN 11 1932 19 Max C Starkey Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 6/9, 1932

22. I HEREBY CERTIFY, That I attended deceased from 5/23, 1932, to 6/9, 1932

I last saw him alive on 6/9, 1932. Death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast	6 mos.?
50	
59	
1328	
50	

Other contributory causes of importance:

Uremia + Diabetes Mellitus

Name of operation: Radical Breast amputation Date of 6/4/32

What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) F. M. Hedgecock, M. D., M. D.

(Address) 3427 Washington Blvd.